# Iowa Department of Human Services

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**INFORMATIONAL LETTER NO.1277**

**DATE:** October 25, 2013

**TO:** Iowa Medicaid Physicians, Advanced Registered Nurse Practitioners, Certified Nurse Midwives, Hospitals, Clinics, Maternal Health Centers, and Family Planning Agencies

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** 17-Alpha Hydroxyprogesterone Caproate – **Follow Up**

**EFFECTIVE:** Immediately

Informational Letter 1203 issued on January 3, 2013, addressed Iowa Medicaid coverage of 17-alpha hydroxyprogesterone caproate (17P), a synthetic steroid hormone medication which is an evidence-based treatment indicated to reduce the risk of preterm delivery during pregnancies in which the mother has had a previous spontaneous preterm delivery. It is indicated only for singleton pregnancy and contraindicated in certain high-risk pregnancies. It is given by an injection of 250 mg intramuscular (IM) weekly beginning at 16 weeks gestational age and continuing until delivery or until the pregnancy reaches 37 weeks. Use of hydroxyprogesterone in those high-risk pregnancies meeting the criteria above is indicated and would constitute the standard of care.

As noted in Informational Letter 1203, there are currently two forms of 17P available. The first is a compounded version and has been payable by Iowa Medicaid for a number of years. The other version is the FDA-approved version known as Makena. Informational Letter 1203 indicated that Makena would require a prior authorization (PA).

The IME has re-reviewed these drugs and their respective coverage and payment policy. In Informational Letter 1203, it was indicated that Makena would require a prior authorization (PA), but that the compounded version would not, based on it not previously requiring a PA. **Effective immediately, Makena will no longer require a PA**.

Both Makena and the compounded 17P are covered under the Iowa Medicaid "medical" benefit, since they are physician-administered drugs. As such, they are not covered under the "pharmacy" benefit. Claims submitted by pharmacies through the "point of sale" (POS) system will be denied as the IME Pharmacy POS system does not cover injectable 17P in any form.

Claims for either version must contain the appropriate "J" codes, as follows:

- For Makena, providers should use J1725. Claims must also include the drug's NDC number in the appropriate field on the claim form.

- For the compounded version of 17P, providers should use J2675. Claims must also include the drug's NDC number (for the main/active ingredient of hydroxyprogesterone caproate) in the appropriate field on the claim form.

If there are any questions about filing claims for either version of this physician-administered drug, please contact the IME Provider Services Unit at 1-800-338-7909, or locally in Des Moines at 515-256-4609 or email at imeproviderservices@dhs.state.ia.us.